

man who goes to the legislature is sufficiently intelligent to know that good and well trained doctors are better than quacks, freaks and half educated healers of various sorts. Those who are not, can very easily and with little effort, place themselves in full possession of the facts. If, then, they wish to be guided by facts and work for the good of the people, they may readily do so; if they wish to be actuated by a collection of freaks, quacks and persons who desire to destroy the people's protection because these elements are among their constituents, why that is a different matter. There is no good reason why we, as a profession and as an organized profession, should go to the legislature and beg for anything. *We* do not need protection, but the people do. If it is the wish and the will of certain legislators to remove the protection which just medical laws and high standards for medical licensure give to the people of the state, the responsibility is up to them; they cannot avoid it; they cannot plead ignorance, for enlightenment, if they need it, will come with the request for it. But we firmly believe that most of those who vote to lower standards and to allow any old sort of freak to treat the sick or injured citizens of California, do so with their eyes open and to placate some of their constituents at the cost of the welfare of the whole people. Merely as citizens who understand, we extend our thanks to every member of the last legislature who worked or voted for proper medical standards, no matter what the result. It is difficult to see how anyone who stood right, worked right and voted right in the matter of medical legislation, could take offense at anything which this JOURNAL has ever published. But if there should be any such, to him or to them the JOURNAL expresses its sorrow that such offense should have been taken where none was intended.

VANDEBURGH AND THE "HOG-TIGHT FENCE."

An interesting letter has been received from W. W. Vanderburgh, D. O., an Osteopathic member of the State Board of Medical Examiners, which we take pleasure in publishing herewith. Upon the receipt of the letter, we wrote to the secretary of the board asking for the portion of the minutes giving the action referred to by Vanderburgh as having removed a section of the "hog-tight fence," by which expression he probably means the medical practice act. The expression is a good one, as we shall presently see. The secretary of the board said in reply that he could not tell from Vanderburgh's letter what particular action of the board was meant. Are we to assume from this that the board has taken a number of sections from the "hog-tight fence"? So many that it is not possible to say to which one Vanderburgh refers? One can hardly believe that this is the case for it is known that many of the board are doing their best to preserve as much of the efficiency of the protective law as they possibly can.

For some years the medical practice act was indeed a "hog-tight fence"; it kept out most of the hungry and heartless hogs who would so much have liked to get inside the state and take away the money and the lives of our citizens. The "hogs" of the various cults and "schools" and "drugless" and otherwise healers; the "hogs" of the diploma mills; the "hogs" who professed to want to do nothing but manipulate with a special God-given knowledge that did not need medical or anatomical training for its beneficent manipulations; the "hogs" who know so well how easy it is to get money from sick, and especially hopelessly sick, humanity. These, all and several, the "hog-tight fence" of the medical practice act kept from preying upon our people. It was a good and strong and securely protective fence against these "hogs" of ignorance and greed and graft and money-lust, and we are glad to see that Vanderburgh recognized it as a "hog-tight fence" and that it really did keep out these "hogs" of various sorts. But why his thinly veiled joy at helping, as a member of the board, in taking out a whole section of this "hog-tight fence" of protection? How have the innocent and unknowing people of California offended Vanderburgh so that he rejoices at his part in removing some of their protection against the "hogs"? Have they offended Vanderburgh, as the people of Israel offended the Lord, and so must have this pest of "hogs" turned loose upon them? Can it be that Vanderburgh is acting as a member of a board whose duty it is to protect the people and at the same time helping to destroy the people's protection and let in this horde of hungry "hogs"? The situation seems to be preposterously anomalous; and yet, there—or here—is his letter, in word and in tone implying that he has helped to take out a section of the protective "hog-tight fence" and rejoicing, apparently, in the letting in of more of these "hogs" for the spoliation of the unhappily sick, trusting, credulous people of California!

San Francisco, Cal., June 24, 1915.

*Editor California State Journal of Medicine,
San Francisco, California.*

Dear Doctor—In a recent issue of your JOURNAL you commented upon my affidavit which I made with reference to propositions submitted to me by Dr. Alderson at the time that he was chairman of the College Investigation Committee of the State Board of Medical Examiners. You virtually stated that my affidavit was false.

You state that Roosevelt would use a shorter and uglier word if commenting upon my affidavit. Assemblyman Gebhardt, chairman of the committee, after hearing both sides of this argument, did use the shorter and uglier word but he applied it to the other party at issue. Gebhardt explained that notwithstanding his belief in my statements, he would vote against us as he believed that "the tail was trying to wag the dog."

You say that when the smoke has cleared away the "protective fence" built up around California by the medical profession will probably be "shot full of holes." The Board of Medical Examiners, at its meeting held in San Francisco last week, by

a vote of seven to two removed a panel from this previously hog-tight fence.

This action of the Board, taken upon a report submitted by a committee which was appointed by Dr. Alderson, is sufficient refutation of the previous report written by Dr. Alderson to thoroughly satisfy us.

The statements made in my affidavit were true in every detail. In view of the facts in the case you are requested to correct the impression that you endeavored to create in the editorial referred to.

Very truly yours,

W. W. VANDERBURGH.

SOME TYPICAL EXPERIENCES WITH SYPHILITIC PATIENTS.*

By VICTOR G. VECKI, M.D., San Francisco.

The histories of the cases selected each represents a group of cases treated in a different way.

There is no doubt that every single case of syphilis ought to be treated in the best way there is, or in my estimation treated about as well as cases six, seven and eight, related in the present report. Unfortunately, and as every syphilologist knows only too well, there are many conditions which prevent physician and patient from carrying out the best and ideal treatment in many a case.

Every person of any intelligence when told to be afflicted with syphilis declares at once the intention to do all possible to fight the evil, nothing would be too much, etc. But most of them relent in their zeal so soon as they see themselves free from any symptoms, and think themselves in perfect health.

Case 1. The employee of a brewery, 34 years old, came under treatment in October 1906 before secondary symptoms appeared. He was given energetic treatment ten months long in the form of intramuscular injections of sublimate, and then stopped the visits to my office. Recently I met him on the street and asked him what he did for his syphilis since; he just laughed, asking me why should he do anything when he felt so well? And when I reminded him of my instructions, and how I told him when he had to return for treatment, he just smiled knowingly, telling me: "I know what you told me, I know that doctors want the people to be sick all the time, I know; but I am well; come let's have a drink." How could I insist further when he was so sure that I wanted him to return for treatment for my own benefit? I only hope he will not be compelled to resume treatment for a central nervous system involvement.

Case 2. A saloonkeeper's wife, age 36, was infected some time in April 1911, but presented herself for treatment June 30th of the same year, when secondary symptoms were well established, and she had been treated by another physician several weeks long for ptomain poisoning.

She was given intense intermittent and combined treatment, and had up to March 1913:

29 Intramuscular injections of sublimate.

10 Intramuscular injections of salicylate of mercury.

8 Intramuscular injections of calomel.

3 Intravenous injections of salvarsan; and was given for six weeks, potassium iodid.

The patient contracted an acute bronchitis about March 13th, 1913, and March 23d she developed

meningeal and cerebral symptoms, partial oculomotorius paralysis, stupor, delirium, vomiting and stiffness of the neck. Conditions became worse and the patient was taken to the Mt. Zion Hospital. Four daily intramuscular injections of sublimate brought only slight improvement. April 6th she was given an intramuscular injection of 40% calomel and began to improve immediately. These injections were kept up intermittently until the middle of September, though the patient was able to leave the hospital April 10th. She had five injections in April, four in May and four in August and September.

Mild cerebral symptoms, however, persisted, and the Wassermann reaction, taken October 2d was strongly positive.

At that time I was urged by the manufacturers to use the Mer xx, or as it was also called the Twenty-Day Treatment.

After explaining to the patient all I knew of that new remedy she consented to try it and from October 4th to 17th took 14 daily doses, when severe symptoms of mercurialism developed, with frightfully deep ulcerations. For three weeks the patient was unable to eat, and several days could only swallow a few drops of liquid at a time. In spite of rectal-feeding she became a real skeleton-woman, and was several times near collapse, the exitus lethalis was momentarily expected.

Careful nursing and painstaking local applications saved the life and after three terrible weeks the patient began to improve rapidly. All symptoms of cerebral and dermal syphilis disappeared. By Christmas she weighed 30 lbs. more than November 5th and 10 lbs. more than before the time of infection with syphilis. Today she is still in perfect health, working hard, free from any symptoms and refusing any further treatment. Last Wassermann reaction made Feb. 17th, 1914, was weakly positive.

Case 3. Husband of case 2, 40 years of age, came under treatment September 6th, 1911, with early secondary symptoms. The following day he was given an intravenous injection of salvarsan. All symptoms disappeared inside of six days. The patient had no treatment whatever since, and though drinking hard at times, he remained in good health. Two blood examinations, he took in 1913, when the condition of his wife frightened him, were negative.

Cases 4 and 5. A broker 30 years of age infected his bride in 1904, after thought to have been cured by a few poorly performed inunctions of grey salve. I gave her before and up to our little earthquake and big fire a great number of intramuscular injections of sublimate. As the records were burned I can only estimate the number of injections, but as small patches in the mouth persistently reappeared she had at least 250 injections given daily for from 36 to 40 days, stopping for one to four weeks, when symptoms would reappear and help me to persuade the patient to continue treatment. She complained bitterly against the injustice of Heaven, as she termed it, that she should suffer so persistently, and her husband, who was the guilty one, was perfectly well after having taken only 48 injections, and being able to refuse further treatment, using the excuses of perfect health and always pressing business.

The tables are turned now, however. The yearly blood reactions taken for the last five years are always being negative for her and positive for him. She is free from any symptoms, while he suffers from ambliopia, and I am afraid is showing lately suspicious symptoms of a beginning paralysis. She was given no treatment since 1909, and he is compelled by symptoms to take desultory treatment from time to time. Five intravenous injections of neosalvarsan and 24 weekly injections of calomel were given to him since Feb. 9th, 1914, and he had to be dragged to every one of his treatments unless the symptoms were really alarm-

* Read before the Urological Section of the San Francisco County Medical Society, March 30, 1915.